



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

Merit Health Insurance Company

NAIC Group Code	01260	,	01260	NAIC Company Code	18750	Employer's ID Number	36-3856181
	(Current Period)		(Prior Period)				
Organized under the Laws of	Illinois			State of Domicile or Port of Entry	Illinois		
Country of Domicile	United States						
Licensed as business type:	Life, Accident & Health [ X ]      Property/Casualty [   ]      Hospital, Medical & Dental Service or Indemnity [   ] Dental Service Corporation [   ]      Vision Service Corporation [   ]      Health Maintenance Organization [   ] Other [   ]      Is HMO, Federally Qualified? Yes [   ] No [   ]						
Incorporated/Organized	11/23/1992			Commenced Business	01/08/1993		
Statutory Home Office	5215 Old Orchard Road, Suite 600			,	Skokie, IL, US 60077		
	(Street and Number)				(City or Town, State, Country and Zip Code)		
Main Administrative Office	5215 Old Orchard Road, Suite 600						
	Skokie, IL, US 60077				224-935-9809		
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)		
Mail Address	5215 Old Orchard Road, Suite 600			,	Skokie, IL, US 60077		
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	14100 Magellan Plaza						
	(Street and Number)						
	Maryland Heights, MO, US 63043			,	314-387-5006		
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	N/A						
Statutory Statement Contact	David P. Kunz			,	314-387-5006		
	(Name)				(Area Code) (Telephone Number) (Extension)		
	dpkunz@magellanhealth.com				888-656-3258		
	(E-Mail Address)				(Fax Number)		

OFFICERS

Name	Title	Name	Title
Mostafa Kamal	President	Andrew Mark Cummings	Secretary
Jeffrey Nelson West	Treasurer		

OTHER OFFICERS

Linton Clarke Newlin	Vice-President	Michael Patrick McQuillen	Assistant Secretary
John DiBernardi	Assistant Secretary	Sanjeev Srivastava	Vice-President
Anne McCabe	Vice-President		

DIRECTORS OR TRUSTEES

Mostafa Kamal	Michael Vallino	Julie Ann Billingsley	Jeffrey Nelson West
Barry Smith	Sanjeev Srivastava	Sakib Hassan	Daniel Gregoire

State of .....  
County of ..... ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Mostafa Kamal President	Andrew Mark Cummings Secretary	Jeffrey Nelson West Treasurer
Subscribed and sworn to before me this day of ,		a. Is this an original filing? Yes [ X ] No [   ] b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached

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# ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	44,485,147	57,948,421	1,243,173	79,587,009	45,728,320	45,728,320
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	44,485,147	57,948,421	1,243,173	79,587,009	45,728,320	45,728,320

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	(1,272,212)	(1.2)	XXX	XXX		(1,272,212)
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	103,157,689	101.2	XXX	XXX		103,157,689
12. Total other payments .....	101,885,477	100.0	XXX	XXX	0	101,885,477
13. Total (Line 4 plus Line 12)	101,885,477	100 %	XXX	XXX	0	101,885,477

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]



EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	NONE					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1,915									1,915
2. First Quarter .....	2,450									2,450
3. Second Quarter .....	2,531									2,531
4. Third Quarter .....	2,560									2,560
5. Current Year .....	2,554									2,554
6. Current Year Member Months	30,226									30,226
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,678,806									2,678,806
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,678,806									2,678,806
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	2,674,461									2,674,461
18. Amount Incurred for Provision of Health Care Services	2,674,461									2,674,461

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,678,806



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Alaska		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	3,508									3,508
2 First Quarter .....	4,675									4,675
3 Second Quarter .....	5,183									5,183
4. Third Quarter .....	5,597									5,597
5. Current Year	5,915									5,915
6 Current Year Member Months	62,065									62,065
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,139,801									4,139,801
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,139,801									4,139,801
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	3,387,518									3,387,518
18. Amount Incurred for Provision of Health Care Services	3,387,518									3,387,518

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,139,801



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1,182									1,182
2 First Quarter .....	1,870									1,870
3 Second Quarter .....	1,899									1,899
4. Third Quarter .....	1,946									1,946
5. Current Year	1,949									1,949
6 Current Year Member Months	22,917									22,917
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,928,674									1,928,674
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,928,674									1,928,674
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	2,199,466									2,199,466
18. Amount Incurred for Provision of Health Care Services	2,199,466									2,199,466

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,928,674

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF California		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	785									785
2. First Quarter .....	1,148									1,148
3. Second Quarter .....	1,221									1,221
4. Third Quarter .....	1,279									1,279
5. Current Year	1,300									1,300
6. Current Year Member Months	14,766									14,766
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,284,124									1,284,124
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,284,124									1,284,124
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	1,521,271									1,521,271
18. Amount Incurred for Provision of Health Care Services	1,521,271									1,521,271

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,284,124



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	568									568
2 First Quarter .....	709									709
3 Second Quarter .....	760									760
4. Third Quarter .....	760									760
5. Current Year	751									751
6 Current Year Member Months	8,731									8,731
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	706,309									706,309
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	706,309									706,309
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	742,433									742,433
18. Amount Incurred for Provision of Health Care Services	742,433									742,433

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 706,309



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF District of Columbia		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	687									687
2 First Quarter .....	779									779
3 Second Quarter .....	723									723
4. Third Quarter .....	750									750
5. Current Year	752									752
6 Current Year Member Months	9,018									9,018
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	842,826									842,826
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	842,826									842,826
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	701,024									701,024
18. Amount Incurred for Provision of Health Care Services	701,024									701,024

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 842,826



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2,348									2,348
2 First Quarter .....	3,279									3,279
3 Second Quarter .....	3,375									3,375
4. Third Quarter .....	3,471									3,471
5. Current Year	3,467									3,467
6 Current Year Member Months	40,446									40,446
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,446,655									3,446,655
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,446,655									3,446,655
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	3,787,621									3,787,621
18. Amount Incurred for Provision of Health Care Services	3,787,621									3,787,621

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,446,655



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

30.HI

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	297									297
2 First Quarter .....	763									763
3 Second Quarter .....	801									801
4. Third Quarter .....	820									820
5. Current Year	827									827
6 Current Year Member Months	9,574									9,574
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	738,930									738,930
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	738,930									738,930
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	907,017									907,017
18. Amount Incurred for Provision of Health Care Services	907,017									907,017

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 738,930



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2,016									2,016
2 First Quarter .....	3,593									3,593
3 Second Quarter .....	3,738									3,738
4. Third Quarter .....	3,817									3,817
5. Current Year	3,837									3,837
6 Current Year Member Months	44,795									44,795
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,913,017									3,913,017
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,913,017									3,913,017
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	4,477,966									4,477,966
18. Amount Incurred for Provision of Health Care Services	4,477,966									4,477,966

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,913,017



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1,475									1,475
2. First Quarter .....	2,414									2,414
3. Second Quarter .....	2,551									2,551
4. Third Quarter .....	2,682									2,682
5. Current Year	2,705									2,705
6. Current Year Member Months	30,852									30,852
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,644,900									2,644,900
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,644,900									2,644,900
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	3,183,019									3,183,019
18. Amount Incurred for Provision of Health Care Services	3,183,019									3,183,019

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,644,900



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	623									623
2. First Quarter .....	2,247									2,247
3. Second Quarter .....	2,337									2,337
4. Third Quarter .....	2,416									2,416
5. Current Year	2,426									2,426
6. Current Year Member Months	28,181									28,181
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,513,881									2,513,881
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,513,881									2,513,881
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	2,723,536									2,723,536
18. Amount Incurred for Provision of Health Care Services	2,723,536									2,723,536

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,513,881





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

30.KS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1,406									1,406
2. First Quarter .....	1,926									1,926
3. Second Quarter .....	2,026									2,026
4. Third Quarter .....	2,097									2,097
5. Current Year	2,100									2,100
6. Current Year Member Months	24,329									24,329
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,197,750									2,197,750
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,197,750									2,197,750
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	2,267,080									2,267,080
18. Amount Incurred for Provision of Health Care Services	2,267,080									2,267,080

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,197,750

30.KY



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	998									998
2 First Quarter .....	1,623									1,623
3 Second Quarter .....	1,707									1,707
4. Third Quarter .....	1,730									1,730
5. Current Year	1,748									1,748
6 Current Year Member Months	20,322									20,322
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,822,019									1,822,019
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,822,019									1,822,019
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	688,773								(1,272,212)	1,960,984
18. Amount Incurred for Provision of Health Care Services	688,773								(1,272,212)	1,960,984

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,822,019



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Maine		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1,108									1,108
2. First Quarter .....	994									994
3. Second Quarter .....	1,003									1,003
4. Third Quarter .....	1,022									1,022
5. Current Year	1,003									1,003
6. Current Year Member Months	12,040									12,040
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,053,881									1,053,881
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,053,881									1,053,881
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	1,021,571									1,021,571
18. Amount Incurred for Provision of Health Care Services	1,021,571									1,021,571

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,053,881

30.ME



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	3,789									3,789
2 First Quarter .....	4,935									4,935
3 Second Quarter .....	5,168									5,168
4. Third Quarter .....	5,294									5,294
5. Current Year	5,313									5,313
6 Current Year Member Months	62,062									62,062
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,774,304									4,774,304
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,774,304									4,774,304
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	4,366,287									4,366,287
18. Amount Incurred for Provision of Health Care Services	4,366,287									4,366,287

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,774,304



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2017					NAIC Company Code	18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1,686									1,686
2. First Quarter .....	3,601									3,601
3. Second Quarter .....	3,858									3,858
4. Third Quarter .....	4,006									4,006
5. Current Year .....	4,059									4,059
6. Current Year Member Months .....	46,283									46,283
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total .....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....	0									
11. Number of Inpatient Admissions .....	0									
12. Health Premiums Written (b).....	4,282,523									4,282,523
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,282,523									4,282,523
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	4,522,707									4,522,707
18. Amount Incurred for Provision of Health Care Services .....	4,522,707									4,522,707

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 4,282,523

30.MI



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	380									380
2 First Quarter .....	993									993
3 Second Quarter .....	1,082									1,082
4. Third Quarter .....	1,143									1,143
5. Current Year	1,135									1,135
6 Current Year Member Months	13,012									13,012
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,296,094									1,296,094
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,296,094									1,296,094
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	1,448,281									1,448,281
18. Amount Incurred for Provision of Health Care Services	1,448,281									1,448,281

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,296,094

30.MN





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_

30.MS



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	711									711
2 First Quarter .....	1,854									1,854
3 Second Quarter .....	1,910									1,910
4. Third Quarter .....	1,968									1,968
5. Current Year	1,961									1,961
6 Current Year Member Months	22,990									22,990
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,354,505									2,354,505
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,354,505									2,354,505
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	2,513,485									2,513,485
18. Amount Incurred for Provision of Health Care Services	2,513,485									2,513,485

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,354,505



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	205									205
2 First Quarter .....	503									503
3 Second Quarter .....	522									522
4. Third Quarter .....	549									549
5. Current Year	540									540
6 Current Year Member Months	6,335									6,335
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	529,461									529,461
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	529,461									529,461
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	573,857									573,857
18. Amount Incurred for Provision of Health Care Services	573,857									573,857

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 529,461



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	488									488
2 First Quarter .....	1,869									1,869
3 Second Quarter .....	1,912									1,912
4. Third Quarter .....	1,943									1,943
5. Current Year	1,955									1,955
6 Current Year Member Months	23,056									23,056
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,860,996									1,860,996
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,860,996									1,860,996
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	2,186,587									2,186,587
18. Amount Incurred for Provision of Health Care Services	2,186,587									2,186,587

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,860,996

30.NE



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION  
NAIC Group Code 01260 BUSINESS IN THE STATE OF New Hampshire

Merit Health Insurance Company

2. (LOCATION)  
NAIC Company Code 18750

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	934									934
2. First Quarter .....	808									808
3. Second Quarter .....	870									870
4. Third Quarter .....	901									901
5. Current Year	900									900
6. Current Year Member Months	10,446									10,446
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	822,115									822,115
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	822,115									822,115
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	963,148									963,148
18. Amount Incurred for Provision of Health Care Services	963,148									963,148

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 822,115



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	179									179
2 First Quarter .....	264									264
3 Second Quarter .....	278									278
4. Third Quarter .....	285									285
5. Current Year	294									294
6 Current Year Member Months	3,317									3,317
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	245,342									245,342
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	245,342									245,342
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	284,314									284,314
18. Amount Incurred for Provision of Health Care Services	284,314									284,314

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 245,342



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Merit Health Insurance Company					2. _____			
NAIC Group Code 01260		BUSINESS IN THE STATE OF New York			DURING THE YEAR 2017			(LOCATION) NAIC Company Code 18750		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	15,669									15,669
2. First Quarter .....	18,852									18,852
3. Second Quarter .....	20,835									20,835
4. Third Quarter .....	22,232									22,232
5. Current Year .....	23,236									23,236
6. Current Year Member Months .....	245,465									245,465
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total .....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....	0									
11. Number of Inpatient Admissions .....	0									
12. Health Premiums Written (b).....	20,320,952									20,320,952
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	20,320,952									20,320,952
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	17,106,242									17,106,242
18. Amount Incurred for Provision of Health Care Services .....	17,106,242									17,106,242

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....20,320,952



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION  
NAIC Group Code 01260 BUSINESS IN THE STATE OF North Carolina

Merit Health Insurance Company

2. (LOCATION)

DURING THE YEAR 2017

NAIC Company Code 18750

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	3,551									3,551
2 First Quarter .....	5,296									5,296
3 Second Quarter .....	5,440									5,440
4. Third Quarter .....	5,589									5,589
5. Current Year	5,611									5,611
6 Current Year Member Months	65,361									65,361
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,720,437									5,720,437
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,720,437									5,720,437
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	6,513,050									6,513,050
18. Amount Incurred for Provision of Health Care Services	6,513,050									6,513,050

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 5,720,437





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	153									153
2. First Quarter .....	501									501
3. Second Quarter .....	517									517
4. Third Quarter .....	523									523
5. Current Year	530									530
6. Current Year Member Months	6,178									6,178
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	516,916									516,916
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	516,916									516,916
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	551,085									551,085
18. Amount Incurred for Provision of Health Care Services	551,085									551,085

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 516,916



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_

30.OH



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Oklahoma		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

30.OK

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Oregon		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

30. OR

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	1,623									1,623
2 First Quarter .....	3,026									3,026
3 Second Quarter .....	3,218									3,218
4. Third Quarter .....	3,363									3,363
5. Current Year	3,421									3,421
6 Current Year Member Months	38,665									38,665
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,328,724									3,328,724
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,328,724									3,328,724
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	3,965,123									3,965,123
18. Amount Incurred for Provision of Health Care Services	3,965,123									3,965,123

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,328,724



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

30.RI

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

30.SC

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	204									204
2 First Quarter .....	733									733
3 Second Quarter .....	746									746
4. Third Quarter .....	759									759
5. Current Year	757									757
6 Current Year Member Months	8,992									8,992
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	811,222									811,222
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	811,222									811,222
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	939,427									939,427
18. Amount Incurred for Provision of Health Care Services	939,427									939,427

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 811,222





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	2,175									2,175
2. First Quarter .....	3,029									3,029
3. Second Quarter .....	3,156									3,156
4. Third Quarter .....	3,248									3,248
5. Current Year	3,227									3,227
6. Current Year Member Months	37,743									37,743
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,307,075									3,307,075
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,307,075									3,307,075
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	3,597,682									3,597,682
18. Amount Incurred for Provision of Health Care Services	3,597,682									3,597,682

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 3,307,075



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	4,446									4,446
2. First Quarter .....	6,079									6,079
3. Second Quarter .....	6,366									6,366
4. Third Quarter .....	6,463									6,463
5. Current Year	6,493									6,493
6. Current Year Member Months	75,892									75,892
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	7,000,201									7,000,201
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	7,000,201									7,000,201
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	7,516,625									7,516,625
18. Amount Incurred for Provision of Health Care Services	7,516,625									7,516,625

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 7,000,201



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Utah				DURING THE YEAR 2017				NAIC Company Code		18750
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		239									239	
2. First Quarter .....		549									549	
3. Second Quarter .....		605									605	
4. Third Quarter .....		654									654	
5. Current Year .....		685									685	
6. Current Year Member Months .....		7,398									7,398	
Total Member Ambulatory Encounters for Year:												
7. Physician .....		0										
8. Non-Physician .....		0										
9. Total .....		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred .....		0										
11. Number of Inpatient Admissions .....		0										
12. Health Premiums Written (b).....		556,089									556,089	
13. Life Premiums Direct.....		0										
14. Property/Casualty Premiums Written.....		0										
15. Health Premiums Earned.....		556,089									556,089	
16. Property/Casualty Premiums Earned.....		0										
17. Amount Paid for Provision of Health Care Services .....		665,081									665,081	
18. Amount Incurred for Provision of Health Care Services .....		665,081									665,081	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 556,089



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Vermont		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	7,836									7,836
2 First Quarter .....	13,468									13,468
3 Second Quarter .....	14,600									14,600
4. Third Quarter .....	15,612									15,612
5. Current Year	16,268									16,268
6 Current Year Member Months	175,641									175,641
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	13,689,403									13,689,403
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	13,689,403									13,689,403
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	12,400,260									12,400,260
18. Amount Incurred for Provision of Health Care Services	12,400,260									12,400,260

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....13,689,403



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	477									477
2 First Quarter .....	879									879
3 Second Quarter .....	922									922
4. Third Quarter .....	956									956
5. Current Year	978									978
6 Current Year Member Months	11,185									11,185
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,117,573									1,117,573
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,117,573									1,117,573
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	1,195,102									1,195,102
18. Amount Incurred for Provision of Health Care Services	1,195,102									1,195,102

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,117,573



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	0									
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	0									
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ \_\_\_\_\_





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Wyoming			DURING THE YEAR 2017				NAIC Company Code		18750
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		15									15
2. First Quarter .....		261									261
3. Second Quarter .....		264									264
4. Third Quarter .....		281									281
5. Current Year		277									277
6. Current Year Member Months		3,204									3,204
Total Member Ambulatory Encounters for Year:											
7. Physician .....		0									
8. Non-Physician .....		0									
9. Total		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b).....		275,566									275,566
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		275,566									275,566
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services .....		294,379									294,379
18. Amount Incurred for Provision of Health Care Services		294,379									294,379

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 275,566



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Merit Health Insurance Company 2. (LOCATION)

NAIC Group Code	01260	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017				NAIC Company Code		18750
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	63,676	0	0	0	0	0	0	0	0	63,676
2 First Quarter .....	95,970	0	0	0	0	0	0	0	0	95,970
3 Second Quarter .....	102,124	0	0	0	0	0	0	0	0	102,124
4. Third Quarter .....	106,716	0	0	0	0	0	0	0	0	106,716
5. Current Year	108,974	0	0	0	0	0	0	0	0	108,974
6 Current Year Member Months	1,221,487	0	0	0	0	0	0	0	0	1,221,487
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b).....	102,721,070	0	0	0	0	0	0	0	0	102,721,070
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	102,721,070	0	0	0	0	0	0	0	0	102,721,070
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	101,885,477	0	0	0	0	0	0	0	(1,272,212)	103,157,689
18. Amount Incurred for Provision of Health Care Services	101,885,477	0	0	0	0	0	0	0	(1,272,212)	103,157,689

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....102,721,070

30.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	6,977,095		6,977,095
2. Accident and health premiums due and unpaid (Line 15).....	16,372,585		16,372,585
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	107,697,681		107,697,681
6. Total assets (Line 28)	131,047,361	0	131,047,361
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	0	0	0
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	560,571		560,571
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	78,592,847		78,592,847
15. Total liabilities (Line 24).....	79,153,418	0	79,153,418
16. Total capital and surplus (Line 33).....	51,893,941	XXX	51,893,941
17. Total liabilities, capital and surplus (Line 34)	131,047,359	0	131,047,359
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL .....						.0
2. Alaska .....	AK .....						.0
3. Arizona .....	AZ .....						.0
4. Arkansas .....	AR .....						.0
5. California .....	CA .....						.0
6. Colorado .....	CO .....						.0
7. Connecticut .....	CT .....						.0
8. Delaware .....	DE .....						.0
9. District of Columbia .....	DC .....						.0
10. Florida .....	FL .....						.0
11. Georgia .....	GA .....						.0
12. Hawaii .....	HI .....						.0
13. Idaho .....	ID .....						.0
14. Illinois .....	IL .....						.0
15. Indiana .....	IN .....						.0
16. Iowa .....	IA .....						.0
17. Kansas .....	KS .....						.0
18. Kentucky .....	KY .....						.0
19. Louisiana .....	LA .....						.0
20. Maine .....	ME .....						.0
21. Maryland .....	MD .....						.0
22. Massachusetts .....	MA .....						.0
23. Michigan .....	MI .....						.0
24. Minnesota .....	MN .....						.0
25. Mississippi .....	MS .....						.0
26. Missouri .....	MO .....						.0
27. Montana .....	MT .....						.0
28. Nebraska .....	NE .....						.0
29. Nevada .....	NV .....						.0
30. New Hampshire .....	NH .....						.0
31. New Jersey .....	NJ .....						.0
32. New Mexico .....	NM .....						.0
33. New York .....	NY .....						.0
34. North Carolina .....	NC .....						.0
35. North Dakota .....	ND .....						.0
36. Ohio .....	OH .....						.0
37. Oklahoma .....	OK .....						.0
38. Oregon .....	OR .....						.0
39. Pennsylvania .....	PA .....						.0
40. Rhode Island .....	RI .....						.0
41. South Carolina .....	SC .....						.0
42. South Dakota .....	SD .....						.0
43. Tennessee .....	TN .....						.0
44. Texas .....	TX .....						.0
45. Utah .....	UT .....						.0
46. Vermont .....	VT .....						.0
47. Virginia .....	VA .....						.0
48. Washington .....	WA .....						.0
49. West Virginia .....	WV .....						.0
50. Wisconsin .....	WI .....						.0
51. Wyoming .....	WY .....						.0
52. American Samoa .....	AS .....						.0
53. Guam .....	GU .....						.0
54. Puerto Rico .....	PR .....						.0
55. US Virgin Islands .....	VI .....						.0
56. Northern Mariana Islands .....	MP .....						.0
57. Canada .....	CAN .....						.0
58. Aggregate Other Alien .....	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000			19411	NASDAQ	Magellan Health, Inc.	DE	UIP	Stockholders	Ownership	100.0	Magellan Health, Inc.	N	1
00000		00000					Magellan Pharmacy Services, Inc.	DE	NIA	Magellan Health, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					4-D Pharmacy Management Systems, LLC	MN	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Method, LLC (f/k/a CDMI, LLC)	RI	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Administrative Services, LLC	DE	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Behavioral of Michigan, Inc.	MI	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Health Services of California, Inc - Employer Services	CA	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Rx Management IPA, Inc.	NY	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Rx Pharmacy, LLC	DE	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					ONCORE Healthcare, LLC	DE	NIA	Magellan Rx Pharmacy, LLC	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Pharmacy Solutions, Inc.	DE	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Rx Management, LLC	DE	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					AdvoCare of Tennessee, Inc.	TN	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
01260	Magellan Health Inc	12632	52-2310906				Magellan Behavioral Health of New Jersey, LLC	NJ	IA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Veridicus Holdings, LLC	UT	NIA	Magellan Pharmacy Services, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					VRx, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					VRx Pharmacy, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Veridicus Consulting, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Veridicus Rx, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Alliance Enrollment Technology, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Veridicus Acquisitions, LLC	UT	NIA	Veridicus Holdings, LLC	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Magellan Healthcare, Inc.	DE	UDP	Magellan Health, Inc.	Ownership	100.0	Magellan Health, Inc.	N	
00000		00000					Arizona Biodyne, Inc.	AZ	NIA	Magellan Healthcare, Inc.	Ownership	100.0	Magellan Health, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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00000.....		00000.....					AlphaCare Holdings, Inc.....	DE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	15280.....	38-3889400.....				AlphaCare of New York, Inc.....	NY.....	IA.....	AlphaCare Holdings, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Continuum Behavioral Healthcare Corporation.....	DE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Cobalt Therapeutics, LLC.....	DE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Cobalt Software, LLC.....	DE.....	NIA.....	Cobalt Therapeutics, LLC.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	15100.....	46-1792156.....				Granite Alliance Insurance Company.....	UT.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					MBC of America, Inc.....	DE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Empire Community Delivery Systems Inc.....	NY.....	NIA.....	MBC of America, Inc.....	Ownership.....	16.7.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	14447.....	45-4229574.....				Florida MHS, Inc.....	FL.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Behavioral Health of Connecticut, L.L.C.....	CT.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Choices for Families, LLC.....	NE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	60.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Complete Care, Inc.....	DE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	16043.....	81-0983027.....				Magellan Complete Care of Virginia, LLC.....	VA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	15550.....	46-4188169.....				Magellan Complete Care of Louisiana, Inc.....	LA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	15681.....	47-1084674.....				Magellan Complete Care of Nebraska.....	NE.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	15924.....	46-4457706.....				Magellan Complete Care of Pennsylvania, Inc.....	PA.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Complete Care of Texas, Inc.....	TX.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Healthcare Provider Group.....	MD.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Medicaid Administration, Inc.....	VA.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					FHC, Inc.....	CAN.....	NIA.....	Magellan Medicaid Administration, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Medicaid Administration, Inc.....			Magellan Medicaid Administration, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Provider Synergies, LLC.....	OH.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Human Affairs Internationl of California, Inc.....	CA.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Behavioral Health of Florida, Inc.....	FL.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	14441.....	46-0856929.....				Magellan Behavioral Health of Nebraska, Inc.....	NE.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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00000.....		00000.....					Magellan Behavioral Health Systems, LLC.....	UT.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Health QIO, LLC.....	NE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Health Services of Arizona, Inc.....	AZ.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	14641.....	45-5337737.....				Magellan Complete Care of Arizona, Inc (f/k/a Magellan of Arizona).....	AZ.....	IA.....	Magellan Health Services of Arizona, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Health Services of New Mexico.....	NM.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan CBHS Holdings, LLC.....	DE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Charter Behavioral Health System of Massachussets, Inc.....	MA.....	NIA.....	Magellan CBHS Holdings, LLC.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Charter Behavioral Health System of New Mexico, Inc.....	NM.....	NIA.....	Magellan CBHS Holdings, LLC.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Charter Fairmont Behavioral Health System, Inc.....	PA.....	NIA.....	Magellan CBHS Holdings, LLC.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Charter Medical of Puerto Rico, Inc.....	PR.....	NIA.....	Magellan CBHS Holdings, LLC.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Charter North Star Behavioral Health Systems, L.L.C.....	TN.....	NIA.....	Magellan CBHS Holdings, LLC.....	Ownership.....	50.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Charter Northridge Behavioral Health Systems, Inc.....	NC.....	NIA.....	Magellan CBHS Holdings, LLC.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Holly Hill/Charter Behavioral Health System, L.L.C.....	TN.....	NIA.....	Charter Northridge Behavioral Health System, Inc.....	Ownership.....	50.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					MBH of Puerto Rico, Inc.....	PR.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	18750.....	36-3856181.....				Merit Health Insurance Company.....	IL.....	RE.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	97292.....	57-0724249.....				Magellan Life Insurance Compnay.....	DE.....	IA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					U.S. IPA Providers, Inc.....	NY.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Merit Behavioral Care Corporation.....	DE.....	NIA.....	Magellan Healthcare, Inc.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan HRSC, Inc.....	OH.....	NIA.....	Merit Behavioral Care Corporation.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
01260.....	Magellan Health Inc.....	47019.....	23-2759528.....				Magellan Behavioral Health of Pennsylvania, Inc.....	PA.....	IA.....	Merit Behavioral Care Corporation.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Continuum Behavioral Care, L.L.C.....	RI.....	NIA.....	Merit Behavioral Care Corporation.....	Ownership.....	50.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					Magellan Providers of Texas, Inc.....	TX.....	NIA.....	Merit Behavioral Care Corporation.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	
00000.....		00000.....					MBC of North Carolina, L.L.C.....	NC.....	NIA.....	Merit Behavioral Care Corporation.....	Ownership.....	100.0.....	Magellan Health, Inc.....	N.....	



## 41.3

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

**SCHEDULE Y**

**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

[illegible]

Asterisk	Explanation
1	From time to time, BlackRock, Inc. and its affiliates have owned 10% or more of the stock of Magellan Health, Inc. The Company believes that BlackRock has filed disclaimers of control with respect to any such ownership.....

## 42

## 42

## 42

42

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....YES.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....YES.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....YES.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

SEE EXPLANATION.....

Explanation:

11.
13.

Merit Health Insurance Company has less than 100 stockholders, thus this filing is not required.
14.
15.
17.

Merit Health Insurance Company is not requesting relief related to the 5-year rotation requirement.
18.

Merit Health Insurance Company is not requesting relief related to the one-year cooling off period for independent CPAs.
19.

Merit Health Insurance Company is not requesting relief related to the audit committee requirement.
20.
22.
23.
24.

Merit Health Insurance Company's premiums are less than \$500 million, thus this filing is not required.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

11.

  
1 8 7 5 0 2 0 1 7 3 6 0 5 9 0 0 0

14.

  
1 8 7 5 0 2 0 1 7 3 7 1 0 0 0 0 0

15.

  
1 8 7 5 0 2 0 1 7 3 7 0 0 0 0 0 0

20.

  
1 8 7 5 0 2 0 1 7 3 0 6 0 0 0 0 0

22.

  
1 8 7 5 0 2 0 1 7 2 1 6 5 9 0 0 0

23.

  
1 8 7 5 0 2 0 1 7 2 1 7 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.  
\*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. ACA Taxes.....			0		0
2505. Training Expenses.....			450		450
2506. Bad Debt Expense related to uninsured plans.....			0		0
2597. Summary of remaining write-ins for Line 25 from Page 14	0	0	450	0	450



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company  
MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)  
(To Be Filed By March 1)

NAIC Group Code

01260

NAIC Company Code

18750

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	99,242,570	XXX		XXX	99,242,570
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....		XXX		XXX	0
1.2 Supplemental Benefits.....		XXX		XXX	0
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage.....	3,478,501	XXX		XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	12,258,491	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	102,721,070	XXX		XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	12,258,491	XXX		XXX	XXX
5.2 Supplemental Benefits.....		XXX		XXX	XXX
6. Total Premiums.....	114,979,561	XXX	0	XXX	99,242,570
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	115,574,097	XXX		XXX	115,574,097
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....		XXX		XXX	0
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	23,246,526	XXX		XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....	35,662,934	XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	103,157,689	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	0	XXX	0	XXX	XXX
11. Total Claims	103,157,689	XXX	0	XXX	115,574,097
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	15,393,323	XXX		XXX	15,393,323
15. Expenses Incurred.....	15,393,323	XXX		XXX	XXX
16. Underwriting Gain/Loss.....	(3,571,450)	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(31,724,850)

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
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NONE

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NONE

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NONE

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NONE

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NONE



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	2,678,806	2,678,806	0	2,674,461	2,674,461
25.6 Totals (sum of Lines 25.1 to 25.5) .....	2,678,806	2,678,806	0	2,674,461	2,674,461
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	2,678,806	2,678,806	0	2,674,461	2,674,461

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OFAlaska

DURING THE YEAR2017

NAIC Group Code01260

LIFE INSURANCE

NAIC Company Code18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF    Arizona

DURING THE YEAR    2017

NAIC Group Code    01260

LIFE INSURANCE

NAIC Company Code    18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					.0
2. Annuity considerations .....					.0
3. Deposit-type contract funds .....		XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					.0
6.2 Applied to pay renewal premiums .....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					.0
6.4 Other .....					.0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit .....					.0
7.2 Applied to provide paid-up annuities .....					.0
7.3 Other .....					.0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					.0
10. Matured endowments .....					.0
11. Annuity benefits .....					.0
12. Surrender values and withdrawals for life contracts .....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health .....					.0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year .....									.0	.0
Settled during current year:									.0	.0
18.1 By payment in full .....									.0	.0
18.2 By payment on compromised claims .....									.0	.0
18.3 Totals paid .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise .....									.0	.0
18.5 Amount rejected .....									.0	.0
18.6 Total settlements .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.0	.0	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	4,139,801	4,139,801		3,387,518	3,387,518
25.6 Totals (sum of Lines 25.1 to 25.5) .....	4,139,801	4,139,801	.0	3,387,518	3,387,518
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	4,139,801	4,139,801	0	3,387,518	3,387,518

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	1,928,674	1,928,674		2,199,466	2,199,466
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,928,674	1,928,674	0	2,199,466	2,199,466
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,928,674	1,928,674	0	2,199,466	2,199,466

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....





SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	1,284,124	1,284,124		1,521,271	1,521,271
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,284,124	1,284,124	0	1,521,271	1,521,271
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,284,124	1,284,124	0	1,521,271	1,521,271

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF    Connecticut

DURING THE YEAR    2017

NAIC Group Code    01260

LIFE INSURANCE

NAIC Company Code    18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					.0
2. Annuity considerations .....					.0
3. Deposit-type contract funds .....		XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					.0
6.2 Applied to pay renewal premiums .....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					.0
6.4 Other .....					.0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	.0
Annuities:					
7.1 Paid in cash or left on deposit .....					.0
7.2 Applied to provide paid-up annuities .....					.0
7.3 Other .....					.0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0		0	0	.0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					.0
10. Matured endowments .....					.0
11. Annuity benefits .....					.0
12. Surrender values and withdrawals for life contracts .....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	.0
14. All other benefits, except accident and health .....					.0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	.0
Settled during current year:										
18.1 By payment in full .....									0	.0
18.2 By payment on compromised claims .....									0	.0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	.0
18.4 Reduction by compromise .....									0	.0
18.5 Amount rejected .....									0	.0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	0	0	0	0	0	0	.0
21. Issued during year .....									0	.0
22. Other changes to in force (Net) .....									0	.0
23. In force December 31 of current year .....	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	706,309	706,309		742,433	742,433
25.6 Totals (sum of Lines 25.1 to 25.5) .....	706,309	706,309	0	742,433	742,433
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	706,309	706,309	0	742,433	742,433

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					.0
6.4 Other					.0
6.5 Totals (sum of Lines 6.1 to 6.4)	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit					.0
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.0
7.4 Totals (sum of Lines 7.1 to 7.3)	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	.0	.0	.0	.0	.0
14. All other benefits, except accident and health					.0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year									.0	.0
Settled during current year:										
18.1 By payment in full									.0	.0
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Issued during year									.0	.0
22. Other changes to in force (Net)									.0	.0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	842,826	842,826		701,024	701,024
25.6 Totals (sum of Lines 25.1 to 25.5)	842,826	842,826	.0	701,024	701,024
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	842,826	842,826	0	701,024	701,024

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	3,446,655	3,446,655		3,787,621	3,787,621
25.6 Totals (sum of Lines 25.1 to 25.5)	3,446,655	3,446,655	0	3,787,621	3,787,621
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,446,655	3,446,655	0	3,787,621	3,787,621

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF   Hawaii

DURING THE YEAR   2017

NAIC Group Code   01260

LIFE INSURANCE

NAIC Company Code   18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	738,930	738,930		907,017	907,017
25.6 Totals (sum of Lines 25.1 to 25.5)	738,930	738,930	0	907,017	907,017
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	738,930	738,930	0	907,017	907,017

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products





SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					.0
2. Annuity considerations .....					.0
3. Deposit-type contract funds .....		XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					.0
6.2 Applied to pay renewal premiums .....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					.0
6.4 Other .....					.0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit .....					.0
7.2 Applied to provide paid-up annuities .....					.0
7.3 Other .....					.0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					.0
10. Matured endowments .....					.0
11. Annuity benefits .....					.0
12. Surrender values and withdrawals for life contracts .....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health .....					.0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year .....									.0	.0
Settled during current year:										
18.1 By payment in full .....									.0	.0
18.2 By payment on compromised claims .....									.0	.0
18.3 Totals paid .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise .....									.0	.0
18.5 Amount rejected .....									.0	.0
18.6 Total settlements .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.0	.0	.0	(a).0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year .....	0	0	0	(a).0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	3,913,017	3,913,017		4,477,966	4,477,966
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,913,017	3,913,017	.0	4,477,966	4,477,966
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,913,017	3,913,017	0	4,477,966	4,477,966

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OFIndiana

DURING THE YEAR2017

NAIC Group Code01260

LIFE INSURANCE

NAIC Company Code18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	2,644,900	2,644,900		3,183,019	3,183,019
25.6 Totals (sum of Lines 25.1 to 25.5)	2,644,900	2,644,900	0	3,183,019	3,183,019
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,644,900	2,644,900	0	3,183,019	3,183,019

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					.0
2. Annuity considerations .....					.0
3. Deposit-type contract funds .....		XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					.0
6.2 Applied to pay renewal premiums .....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					.0
6.4 Other .....					.0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit .....					.0
7.2 Applied to provide paid-up annuities .....					.0
7.3 Other .....					.0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					.0
10. Matured endowments .....					.0
11. Annuity benefits .....					.0
12. Surrender values and withdrawals for life contracts .....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health .....					.0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year .....									.0	.0
Settled during current year:										
18.1 By payment in full .....									.0	.0
18.2 By payment on compromised claims .....									.0	.0
18.3 Totals paid .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise .....									.0	.0
18.5 Amount rejected .....									.0	.0
18.6 Total settlements .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.0	.0	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	2,513,881	2,513,881		2,723,536	2,723,536
25.6 Totals (sum of Lines 25.1 to 25.5) .....	2,513,881	2,513,881	.0	2,723,536	2,723,536
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	2,513,881	2,513,881	0	2,723,536	2,723,536

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	2,197,750	2,197,750		2,267,080	2,267,080
25.6 Totals (sum of Lines 25.1 to 25.5) .....	2,197,750	2,197,750	0	2,267,080	2,267,080
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	2,197,750	2,197,750	0	2,267,080	2,267,080

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,822,019	1,822,019		688,772	688,772
25.6 Totals (sum of Lines 25.1 to 25.5)	1,822,019	1,822,019	0	688,772	688,772
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,822,019	1,822,019	0	688,772	688,772

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,053,881	1,053,881		1,021,571	1,021,571
25.6 Totals (sum of Lines 25.1 to 25.5)	1,053,881	1,053,881	0	1,021,571	1,021,571
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,053,881	1,053,881	0	1,021,571	1,021,571

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	4,774,304	4,774,304		4,366,287	4,366,287
25.6 Totals (sum of Lines 25.1 to 25.5) .....	4,774,304	4,774,304	0	4,366,287	4,366,287
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	4,774,304	4,774,304	0	4,366,287	4,366,287

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....





SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ and current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	4,282,523	4,282,523		4,522,707	4,522,707
25.6 Totals (sum of Lines 25.1 to 25.5) .....	4,282,523	4,282,523	0	4,522,707	4,522,707
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	4,282,523	4,282,523	0	4,522,707	4,522,707

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:									0	0
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	1,296,094	1,296,094		1,448,281	1,448,281
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,296,094	1,296,094	0	1,448,281	1,448,281
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,296,094	1,296,094	0	1,448,281	1,448,281

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	2,354,505	2,354,505		2,513,485	2,513,485
25.6 Totals (sum of Lines 25.1 to 25.5)	2,354,505	2,354,505	0	2,513,485	2,513,485
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,354,505	2,354,505	0	2,513,485	2,513,485

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF   Montana

DURING THE YEAR   2017

NAIC Group Code   01260

LIFE INSURANCE

NAIC Company Code   18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:									0	0
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	529,461	529,461		573,857	573,857
25.6 Totals (sum of Lines 25.1 to 25.5) .....	529,461	529,461	0	573,857	573,857
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	529,461	529,461	0	573,857	573,857

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	1,860,996	1,860,996		2,186,587	2,186,587
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,860,996	1,860,996	0	2,186,587	2,186,587
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,860,996	1,860,996	0	2,186,587	2,186,587

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					.0
6.4 Other					.0
6.5 Totals (sum of Lines 6.1 to 6.4)	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit					.0
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.0
7.4 Totals (sum of Lines 7.1 to 7.3)	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	.0	.0	.0	.0	.0
14. All other benefits, except accident and health					.0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year									.0	.0
Settled during current year:										
18.1 By payment in full									.0	.0
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Issued during year									.0	.0
22. Other changes to in force (Net)									.0	.0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	822,115	822,115		963,148	963,148
25.6 Totals (sum of Lines 25.1 to 25.5)	822,115	822,115	.0	963,148	963,148
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	822,115	822,115	0	963,148	963,148

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products





SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					.0
2. Annuity considerations					.0
3. Deposit-type contract funds		XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					.0
6.2 Applied to pay renewal premiums					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					.0
6.4 Other					.0
6.5 Totals (sum of Lines 6.1 to 6.4)	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit					.0
7.2 Applied to provide paid-up annuities					.0
7.3 Other					.0
7.4 Totals (sum of Lines 7.1 to 7.3)	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					.0
10. Matured endowments					.0
11. Annuity benefits					.0
12. Surrender values and withdrawals for life contracts					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	.0	.0	.0	.0	.0
14. All other benefits, except accident and health					.0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year									.0	.0
Settled during current year:										
18.1 By payment in full									.0	.0
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Issued during year									.0	.0
22. Other changes to in force (Net)									.0	.0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	245,342	245,342		284,314	284,314
25.6 Totals (sum of Lines 25.1 to 25.5)	245,342	245,342	.0	284,314	284,314
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	245,342	245,342	0	284,314	284,314

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					.0
2. Annuity considerations .....					.0
3. Deposit-type contract funds .....		XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					.0
6.2 Applied to pay renewal premiums .....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					.0
6.4 Other .....					.0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit .....					.0
7.2 Applied to provide paid-up annuities .....					.0
7.3 Other .....					.0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					.0
10. Matured endowments .....					.0
11. Annuity benefits .....					.0
12. Surrender values and withdrawals for life contracts .....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health .....					.0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year .....									.0	.0
Settled during current year:										
18.1 By payment in full .....									.0	.0
18.2 By payment on compromised claims .....									.0	.0
18.3 Totals paid .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise .....									.0	.0
18.5 Amount rejected .....									.0	.0
18.6 Total settlements .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year .....	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	20,320,952	20,320,952		17,106,242	17,106,242
25.6 Totals (sum of Lines 25.1 to 25.5) .....	20,320,952	20,320,952	.0	17,106,242	17,106,242
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	20,320,952	20,320,952	0	17,106,242	17,106,242

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	5,720,437	5,720,437		6,513,050	6,513,050
25.6 Totals (sum of Lines 25.1 to 25.5)	5,720,437	5,720,437	0	6,513,050	6,513,050
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,720,437	5,720,437	0	6,513,050	6,513,050

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	516,916	516,916		551,085	551,085
25.6 Totals (sum of Lines 25.1 to 25.5) .....	516,916	516,916	0	551,085	551,085
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	516,916	516,916	0	551,085	551,085

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					.0
2. Annuity considerations .....					.0
3. Deposit-type contract funds .....		XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					.0
6.2 Applied to pay renewal premiums .....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					.0
6.4 Other .....					.0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit .....					.0
7.2 Applied to provide paid-up annuities .....					.0
7.3 Other .....					.0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					.0
10. Matured endowments .....					.0
11. Annuity benefits .....					.0
12. Surrender values and withdrawals for life contracts .....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health .....					.0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year .....									.0	.0
Settled during current year:										
18.1 By payment in full .....									.0	.0
18.2 By payment on compromised claims .....									.0	.0
18.3 Totals paid .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise .....									.0	.0
18.5 Amount rejected .....									.0	.0
18.6 Total settlements .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.0	.0	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	3,328,724	3,328,724		3,965,123	3,965,123
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,328,724	3,328,724	.0	3,965,123	3,965,123
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,328,724	3,328,724	0	3,965,123	3,965,123

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....





SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ and current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ and current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	811,222	811,222		939,427	939,427
25.6 Totals (sum of Lines 25.1 to 25.5)	811,222	811,222	0	939,427	939,427
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	811,222	811,222	0	939,427	939,427

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	3,307,075	3,307,075		3,597,682	3,597,682
25.6 Totals (sum of Lines 25.1 to 25.5)	3,307,075	3,307,075	0	3,597,682	3,597,682
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,307,075	3,307,075	0	3,597,682	3,597,682

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					0
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					0
6.4 Other .....					0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					0
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....									0	0
Settled during current year:										
18.1 By payment in full .....									0	0
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	7,000,201	7,000,201		7,516,625	7,516,625
25.6 Totals (sum of Lines 25.1 to 25.5) .....	7,000,201	7,000,201	0	7,516,625	7,516,625
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	7,000,201	7,000,201	0	7,516,625	7,516,625

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF   Utah

DURING THE YEAR   2017

NAIC Group Code   01260

LIFE INSURANCE

NAIC Company Code   18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					.0
2. Annuity considerations .....					.0
3. Deposit-type contract funds .....		XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					.0
6.2 Applied to pay renewal premiums .....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					.0
6.4 Other .....					.0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit .....					.0
7.2 Applied to provide paid-up annuities .....					.0
7.3 Other .....					.0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					.0
10. Matured endowments .....					.0
11. Annuity benefits .....					.0
12. Surrender values and withdrawals for life contracts .....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health .....					.0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year .....									.0	.0
Settled during current year:										
18.1 By payment in full .....									.0	.0
18.2 By payment on compromised claims .....									.0	.0
18.3 Totals paid .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise .....									.0	.0
18.5 Amount rejected .....									.0	.0
18.6 Total settlements .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.0	.0	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year .....	0	0	(a)	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	556,089	556,089		665,081	665,081
25.6 Totals (sum of Lines 25.1 to 25.5) .....	556,089	556,089	.0	665,081	665,081
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	556,089	556,089	0	665,081	665,081

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	13,689,403	13,689,403		12,400,260	12,400,260
25.6 Totals (sum of Lines 25.1 to 25.5)	13,689,403	13,689,403	0	12,400,260	12,400,260
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,689,403	13,689,403	0	12,400,260	12,400,260

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products





SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	(a) 0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a) 0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ and current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,117,573	1,117,573		1,195,102	1,195,102
25.6 Totals (sum of Lines 25.1 to 25.5)	1,117,573	1,117,573	0	1,195,102	1,195,102
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,117,573	1,117,573	0	1,195,102	1,195,102

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
6.4 Other					0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (sum of Lines 7.1 to 7.3)	0		0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ and current year \$  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year \$  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....					.0
2. Annuity considerations .....					.0
3. Deposit-type contract funds .....		XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4) .....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					.0
6.2 Applied to pay renewal premiums .....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period .....					.0
6.4 Other .....					.0
6.5 Totals (sum of Lines 6.1 to 6.4) .....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit .....					.0
7.2 Applied to provide paid-up annuities .....					.0
7.3 Other .....					.0
7.4 Totals (sum of Lines 7.1 to 7.3) .....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....					.0
10. Matured endowments .....					.0
11. Annuity benefits .....					.0
12. Surrender values and withdrawals for life contracts .....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health .....					.0
15. Totals .....	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year .....									.0	.0
Settled during current year:										
18.1 By payment in full .....									.0	.0
18.2 By payment on compromised claims .....									.0	.0
18.3 Totals paid .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise .....									.0	.0
18.5 Amount rejected .....									.0	.0
18.6 Total settlements .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6) .....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year .....	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ ..... current year \$ .....  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ ..... current year \$ .....  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..... current year \$ .....

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees. Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	275,566	275,566		294,379	294,379
25.6 Totals (sum of Lines 25.1 to 25.5) .....	275,566	275,566	.0	294,379	294,379
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	275,566	275,566	0	294,379	294,379

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2017 OF THE Merit Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2017

NAIC Group Code 01260

LIFE INSURANCE

NAIC Company Code 18750

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ 0 current year \$ 0  
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 current year \$ 0  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	102,721,070	102,721,070	0	101,885,476	101,885,476
25.6 Totals (sum of Lines 25.1 to 25.5)	102,721,070	102,721,070	0	101,885,476	101,885,476
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	102,721,070	102,721,070	0	101,885,476	101,885,476

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0